

Educational Service Unit 6
Title III (LEP) Consortium
Individual Request for Reimbursement



Please email, fax, or mail the completed form to the ESU 6 Accounting Clerk:

Educational Service Unit No. 6
210 5th Street, Milford, NE 68405

Fax: 402.761.3279
Email: mhatfield@esu6.net

Name: _____

District: _____

Address: _____

City, State, Zip: _____

(Checks are made payable to the individual requesting reimbursement and sent to the address provided unless otherwise noted on this form.)

Activity: *(Please briefly describe the reason for the expense; include the names of personnel involved.)*

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Mileage Details: *(Use page two for additional entries.)*

Date	Beginning Location	Ending Location	Total Miles	Rate / Mile	Total Amount
Total Mileage Requested					

Expense Details: *(Itemized receipts **must** accompany this request.)*

Date	Description (hotel, travel, meals, etc.; e.g., 2 nights at Holiday Inn, Kearney)	Amount	Total Amount
Total Expenses Requested			

This form should only be used by ESU 6 Title III Consortium district personnel who used personal means of payment and have not requested reimbursement from another entity. Itemized receipts or invoices must accompany this request.

Signature: _____

Date: _____

ESU 6 Office Use Only

ESU 6 Approval

Signature: _____

Date: _____